PTO/SB/53 (02-01)
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REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT	Docket Number (Optional) .14336						
This is part of the application for a reissue patent based on the original patent identified below.							
Name of Patentee(s) Steven M. Podos; Thomas W. Mittag; Bernard Becker							
Patent Number Date Patent Issued							
6,037,368 March Title of Invention 8-ISO-PROSTAGLANDINS FOR GLAUCOMA THERAPY	14, 2000						
1. Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)							
2. Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.							
One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee". The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.							
The assignee (s) owning an undivided interest in said original patent is/are <u>Mount Sinai School of</u> , and the assignee (s) consents to the accompanying application for reissue. Medicine of the City University of New York							
Name of assignee/inventor (if not assigned)							
Mount Sinai School of Medicine of the City University of New York							
Signature Date Date	- 4, 2002						
yped or printed name and title of person signing for assignee (if assigne							
W. Patrick McGrath							
Executive Director, Office of Industrial Liaison							

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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REISSUE APPLICATION DECLARATION BY	Y THE ASSIGNEE Docket Number (optional) 14336								
I hereby declare that:	•								
My residence and mailing address and citizenship are stated below next to my name.									
My residence and mailing address and citizenship are stated below next to my name. Mount Sinai School of Medicine of I am authorized to act on behalf of the following assignee: the City of New York Executive Director,									
and the title of my position with said assignee is:	and the title of my position with said assignee is: Office of Industrial Liaison								
The entire title to the patent identified below is vested in									
Name of Patentee(s): Steven M. Podos; Thomas W. Mittag; Bernard Becker									
Patent Number	Date of Patent Issued								
6,037,368	March 14, 2000								
Title of Invention 8-ISO-PROSTAGLANDINS FOR GLAUCOMA THERAPY									
I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is									
described and claimed in said patent, for which a reissue patent is sought on the invention entitled8-ISO-PROSTAGLANDINS FOR GLAUCOMA THERAPY									
the specification of which									
is attached hereto.									
was filed on as reissue application number /									
and was amended on(If applicable)									
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)									
by reason of a defective specification or drawing.									
by reason of the patentee claiming more or less than he had the right to claim in the patent.									
by reason of other errors.									
At least one error upon which reissue is based is described as follows:									
Patentees' attorneys have only recently appreciated the disclosure of prior art publication W094/11002, and became aware of U.S. Patent No. 6,124,353, which issued after the issuance of the subject patent.									
[Attach additional sheets, if needed.]									
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.									

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE							Docket Number (Optional) 14336		
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith. Name(s) Registration Number Richard S. Clark 26,154									
Janet M. MacLeod 35,263					63				
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Correspondence Address: Direct all communications about the application									
X Customer N						3/0/8	bez Bai	mer Code	
OR		Type Cus	stomer Numb	er Here		PATENT TRADEM	IARK OFFIC	CE	
Firm or Individual Name									
Address									
Address									
City					State		Zip		
Country									
Telephone					Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.									
Full name of person signing (given name, family name) W. Patrick McGrath									
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Thomas W. Mi	ittag				U.S	5.			
Residence/Mailing Address 167 Woodland Drive, Pleasantville, NY 10570									
Additional Patentees are named on separately numbered sheets attached hereto.									

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE



Docket No. 14336

Additional Patentee

Bernard Becker

U.S.

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